

## Glossary

### What is a Managed Care Health Insurance Plan?

"Managed care health insurance plan" or 'MCHIP' means an arrangement for the delivery of health care in which an insurer, HMO, most PPOs, or other entity agrees to pay for healthcare services on a prepaid or insured basis and which contains incentive arrangements to influence the cost or level of health care services and to influence covered persons to use certain health care providers.

### What is ERISA?

Some employers choose to self insure, which means the employer acts as the health insurer for their employees. The employer actually pays the bills for their employees' health care, using an insurance company or third party administrator only to process the claims. These self insured plans are exempt from Virginia insurance law (and thus the requirements outlined in this brochure) but must meet the rules set forth by a federal law called ERISA. Check with your employer to find out if your plan is self insured.

## Contact Information For Managed Care Health Insurance Plan External Appeals:

### Mailing address:

Bureau of Insurance  
State Corporation Commission  
PO Box 1157  
Richmond, VA 23218  
5th floor  
Attn: Kim Naoroz

### Street address:

Bureau of Insurance  
State Corporation Commission  
1300 E. Main Street  
Richmond, VA 23219  
5th floor

### Telephone:

Kim Naoroz  
(804) 371-9913

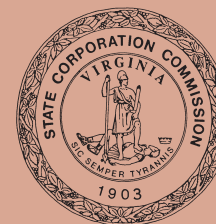
### Email:

Kim Naoroz  
kim.naoroz@scc.virginia.gov

*What if  
your managed  
care company  
says NO?*



*We may  
be able to  
HELP!*



Bureau of Insurance  
Managed Care  
Health Insurance Plan  
External Appeals

## Qualifications

1 Patient must be covered by a contract issued in Virginia by a Managed Care Health Insurance Plan (MCHIP). This includes HMOs and most PPOs.

2 After exhausting all internal appeals, unless an expedited review has been requested, patients who have been denied coverage because their insurance plan determines the care was not medically necessary or involved experimental or investigative procedures, can file for an external review. All appeals must be filed within 30 days of the final decision of the patient's insurance plan to deny coverage.

3 Patients must be covered by an eligible insurance plan, which disqualifies self-funded ERISA plans, Medicare, and Medicaid. Also, persons covered by federal employee health plans are not eligible to file appeals for external review with the Bureau.

4 To be eligible for appeal, the patient's claim must exceed **\$300**. There is a **\$50** filing fee with any appeal. This fee may be waived based on financial hardship.

## How Does it Work?

When the Bureau receives your appeal an initial review to verify your eligibility will be conducted. If you asked for an expedited appeal because you believe that you have an emergency medical condition a determination will be made as to whether an expedited review is warranted. If it is determined that you are not eligible or that an expedited appeal is not warranted, you will be so notified. If you are denied an expedited review you will be advised to use your plan's internal appeal process.

If your appeal is accepted, the Bureau will ask an independent healthcare review organization that is not affiliated with your MCHIP to conduct a review of your appeal. You, your treating physician and your MCHIP will be asked to give the review organization all medical information pertinent to your appeal. The review organization will make a written recommendation to the Commissioner of Insurance who will review the recommendation to ensure that it is not arbitrary or capricious. The Commissioner will then issue a written ruling that will uphold, reverse, or modify the decision made by your plan. That ruling is binding and cannot be appealed.

## A Word About The Office of the Managed Care Ombudsman

The Office of the Managed Care Ombudsman helps Virginia consumers who have health insurance provided by a Managed Care Health Insurance Plan (MCHIP). The office was created to promote and protect the interests of covered persons under MCHIP plans in the Commonwealth of Virginia. We assist consumers in understanding and exercising their rights of appeal of adverse decisions made by MCHIPs.



Both Managed Care External Appeals and the Ombudsman are part of the State Corporation Commission's Bureau of Insurance.

For more information about the Ombudsman contact  
The Office of the Managed Care Ombudsman:

Call toll free (877) 310-6560  
or local (804) 371-9032  
or log onto

<http://www.scc.virginia.gov>  
email: [ombudsman@scc.virginia.gov](mailto:ombudsman@scc.virginia.gov)